

## Working Group to Create a State Plan for Alzheimer's Disease and Related Disorders

### Workforce Sub-Group

October 24, 2012

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**In Attendance:** Lindsay McAllister, Caroline Van Allen, Faith Sands, Marge Angilly, Jo-Anne Thibedeau, Cathy Salerno, Sarah Collins

1. Lindsay McAllister, from the Office of the Lt. Governor, began the meeting and asked participants to introduce themselves.
2. **Lindsay provided a list of Alzheimer's and Dementia related curricula within the state of Rhode Island for the participants to review and comment upon.** She asked everyone to suggest additions and circulate the list for additions as well. This may eventually serve as a resource for the State Plan as an appendix.
  - a. No one had any additions, but the group will circle back on this item at the next meeting.
3. Faith Sands added that Roger Williams has specialized clinical training for nurse practitioners and pharmacists and the name of the professor was noted for further research.
4. Marge Angilly noted that RIC is severely lacking in dementia care: it is only mentioned in one class on one occasion. This does not prepare people well enough. Their unpreparedness leads to "burning out fast" because they do not know how to appropriately deal with Alzheimer's and Dementia. Emphasis on behavior and communication skills is neglected and the favored replacement is medication. This is an entirely incorrect approach.
5. The group discussed the limitations posed from the lack of presence of management and administrators who are involved and experienced with providing training for health care professionals and human services in dementia.
  - a. **The group consensus was that any changes or instructions should be done so in a "top down" approach.** As things are done currently, it is a task-driven approach which focuses on correcting worker's mistakes in lieu of praise.
  - b. **Faith informed the group that the Geriatric Education Center at URI will be providing specialized workshop training for health care professionals/human services.** The date is set for April 1, 2013 and will be a free day-long workshop specifically centered on Alzheimer's and Dementia. This will include a neuropathology and a pharmacology approach as well. In addition to this workshop, there will be half-day workshops-date to be determined-which target physicians, nurse practitioners, and pharmacists. This will be done with the Rhode Island Alzheimer's Society before the end of June 2013.

Working Group to Create a State Plan for Alzheimer's Disease and Related Disorders

6. **Marge brought up the Association's training program 'Train the Trainer'** in which employees are trained in Alzheimer's management. The program is looking for individuals to bring their training to their staff on an ongoing basis.
  - a. This program is merged with MA, NH, and CT: **the problem posed with this is migration. The training the employees receive is portable to them but not their facility.** They must continue their training at a new location. **Twelve hours of training are required for assisted living care, but none for nursing homes. Nursing homes, however, are recognizing the need for training and are receptive.**
7. **Another issue addressed was how can we interest PCPs/doctors and others in the health care profession to attend meetings about health care reform and participate in the work being done by the Alzheimer's Association and the Working Group.** This is a challenge because of the demanding schedules of doctors, primary care physicians (PCP), nurses, etc.
  - a. Lindsay shared that the Research Sub Group meeting earlier in the week discussed finding a solution to translating data regarding best practices in a patient/caregiver/family-friendly report to be well understood by different groups.
  - b. **One need that was discussed was how to connect patients and families to clinical trials.**
  - c. **Marge shared that when a profile of a family is submitted, they receive a list of all major RI trials listed in a statewide database through the Alzheimer's Association Trial Match was mentioned.** The meeting today addressed the level of awareness within residential facilities in terms of the funneling and education of clinical trials. Marge responded that most residents of a facility are not eligible due to the progression of their disease, and Faith added that families are not as aware of existing clinical trials as they should be.
8. It was decided at the last Workforce sub group meeting to send a survey to employees to gauge their involvement in education and certification programs. Some questions posed focused on their work done on a continual basis, how it is funded, and what employee opportunities are available. Gail submitted a short survey to be distributed and the results will go to the full group in December. The survey will be sent out to the Workforce Sub Group in a few days and feedback is encouraged.
  - a. The survey results should be returned by early January of next year. It will be sent out to all participants for comments. If the surveys are returned by January 15, the Sub Group will meet at the end of January. From this point on we will have a month or two to discuss what we are recommending to the full group and ultimately the state

## Working Group to Create a State Plan for Alzheimer's Disease and Related Disorders

- plan. The Sub Group needs an as-is analysis before diving into what is needed. Work at the Sub Group level will conclude by early spring in order to draft the state plan.
9. The Sub Group was asked to identify their needs and where they would like to allocate resources as the finalization of a list for curricula and training draws closer. Gaps must be identified. In regard to other states' educational training programs, the Sub Group should identify what we (Rhode Island) don't have, what other states are doing, and how they are performing. Once we have a comprehensive list, we can have a more detailed discussion regarding gap analysis. This narrative will be added to the recommendations submitted to the full group: feedback is encouraged.
  10. Lindsay concluded by informing the group of the upcoming series of listening sessions regarding Alzheimer's and Dementia. These six regionally-diverse listening sessions will begin at the end of November and continue until December 18, 2012.
    - a. The intention is to reach an audience that is unable to attend mid-morning/working hour meetings. This is targeted at caregivers, but these listening sessions should provide an opportunity to share personal stories from family, caregivers, providers, and others impacted by Alzheimer's and Dementia.
- 11. Additional Notes:**
- URI is following in the footsteps of the Washington D.C. Geriatric Consortium. It provides three services, the most notable being a masters level certification which is attained by 20 hours on-site work and 40 hours of training a year.
  - **Joanne mentioned the Genesis Center, which offers a homemaker program to keep people at home. The Alzheimer's Association sends a certificate for attending a 6-hour class. Their target audience is the unemployed; funding from this program is through the Workforce Investment Act but is open to the general public**
  - Within a facility, it is imperative to identify who would be most likely to read communication from our sub-group for this survey: Sarah suggested that some facilities have nurse educators which would provide a good starting point and offered to try to obtain a list.
  - Faith suggested we can utilize administrative people who come to the GEC's workshops to obtain a mailing list.